## THE NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS **EMT - Basic Recertification Form 2010**

			FI	ease read insi	i uctions e	iiciosea						
Registry Number						ocial Security umber	,	-				
Last		ТТ		$\Box$	First				$\overline{}$	Mid.		
Name					Nam	e				Init.		
Mailing Address												
City					State	Zi	p + 4		]-[			
Email						Ho	me Phone		_			
						Ar	ea Code					
FELONY STATE	MENT											
YES - NO -	Since your las	st recer	tificatio	n, have you be	en convicte	d of a felony	y?					
YES NO Since your last certification, have you ever been subject to limitation, suspension from, or under revocation of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to any agency authorizing the legal right to work?  If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case.												
EMPLOYED IN	CONTATION								F	OR OFFICE		
EMPLOYER INF	ORMATION					INACTIVE	STATUS REQU	EST		USE ONLY		
Organization in which you currently serve as an EMT-Basic:						Request inactive status*						
Agency:									A	A		
						If this is	your first time	e to	В	В		
Address:						recertifiy,	you must have wor	ked	2	2		
City	State		Zip	Code			S-months perform MT-Basic) and us		3	3		
Training Officer						your skills	s in either the en	ner-	s	S		
							nbulance/rescue alth care setting.					
Daytime Phone #						will need	to submit proo		(T.O.)	(1.0.)		
By completing this section					skills in	employment. ss ss 61						
either the emergency ambu	llance/rescue or pati	ent/healtl	h care se	etting.								
EMT BASIC RE	FRESHER T	RAINI	NG -	(24 HOURS	REQUIR	ED)						
Division	Dates	Hrs	Hrs	Method	Division		Dates	Hrs	Hrs	Method		
Biviolori	Completed	Reg	Rec	Used	Biviolori		Completed	Reg	Rec	Used		
Preparatory		1	. 100	0000	Trauma		00	4				
Airway		2			OB,Infs&0	Child		2				
Pt. Assessment		3			Elective			8				
Med/Behavioral		4			TOTAL	HRS		24				
*Send copy of your course completion certificate from state approved EMT Basic Refresher.  If a formal refresher was not completed, fill out this section completely, applying continuing education dates, hours and method used in the appropriate areas above and enclose copies of course completion certificates.												
CPR CERTIFICA	TION											
As the EMS Profession						EMS Profe	ssional has bee	n exan	nined ar	nd performed		
Adult 1 & 2 Rescu				ed Airway	19.							
Adult Obstructed A		nfant C		··· <del>···</del> ,	CRR	nstructor/Train	ning Officer Verifyir	ng Signa	ture			
Child CPR Infant Obstructed Airway Submit copy of card AND/OR verify with appropriate signature.												
								Month		Year		
								- IIIOIIII		Teal		

ate omp.	Topics of Training	Method of Instruction	Hours Rec'd	Date Comp.	Topics of Training	l	Method of Instruction	Hours Rec'd
	*\/\							
	IVIO							
	*DO NI			A 1				
	DU N			Al				
	* •							
	D							
	<b>JERIII</b>							
5		Y U			55 A			
						TO	 	2
FRIF	ICATION OF SKILL COM	PETENCE				Q/A:	Direct	Other
	IENT ASSESSMENT/MANAGEME		Trauma			Q/I	Observation	Other
	ITILATORY MANAGEMENT SKILL			ljuncts				
			Suppleme Bag-Valve	ental oxygen e-Mask	delivery			
			One-Re Two-Re	escuer				
CAF	RDIAC ARREST MANAGEMENT: A	Automated External	 Defibrillato	r (AED)				
	IORRHAGE CONTROL & SPLINT							
SPIN	NAL IMMOBILIZATION: Seated ar	nd lying patients						
OB/	GYNECOLOGIC SKILLS/KNOWLE	EDGE						
ОТН	IER RELATED SKILLS/KNOWLED	OGE: Radio commu Report writing		ontation				
	MT-Basic Training Director, Servetence in all skills outlined above	ice Director, or Ph			ector, I do hereby aff	x my sigr	nature attesting	to contin-
nature	of Training Director, Service Di original signature)	rector, or Physicia	an Directo	r	Title			Date Sign

Dear Emergency Medical Services Colleague:

The NREMT is currently conducting a research survey of EMS professionals. The purpose of this study is to learn more about your perception of research in EMS as well as your experience with ED crowding and ambulance diversion.

Your participation in this study is completely voluntary. The NREMT does not mandate/require participation in this project, as such there are no direct benefits or penalties associated with your choice to participate or not participate. You will receive no payment for participating in the study. If you choose to participate, please complete the following survey and return it to the NREMT with your re-certification paperwork. We anticipate the survey will take 10-15 minutes to complete.

Because your privacy is very important to us, the information that you give in the study will be anonymous. Your name will not be collected or linked to the data. This survey will be physically separated from all re-certification paperwork and demographic information prior to processing your re-certification or providing researchers with electronic survey responses. Because of the nature of the data, if you are from an area with low numbers of nationally certified EMS professionals it may be possible to identify you; however, there will be no attempt to do so and your data will be reported in a way that will not identify you.

If you have questions about the study, contact Antonio R. Fernandez at (614) 888-4484 or afernandez@nremt.org. If you have questions regarding your rights as a project participant, you may contact Dr. Greg Gibson at (614) 888-4484 or ggibson@nremt.org. Thank you for your participation.

Please answer the following items about your current EMT job. If you have more than one current EMT job, answer these questions about the EMT job with the most patient transports per week. If you have recently changed jobs, answer these questions about the EMT job you have spent the most time on in the last 12 months.

What is the 5-digit zip code of the community in which you do most of your EMT work?		2. Which one of the following best describes the type of EMS service for which you do most of your work?							
If the EMS agency with which you are primarily affiliated does not transport patients in the United States please enter 00000.  10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fire-based County or municipal (for example, third service) Private, for profit Private, not for profit Hospital-based Military or US Federal Government I am not affiliated with any organization Other								
5555 6666	3. About	how many	y EMS calls	s do you re	spond to	during a ty	pical week?		
77777 8888 33333	○ 0 ○ 1-9		<ul><li>10-19</li><li>20-29</li></ul>		30-39 40 or				
4. Are you a volunteer EMT?	5. Is EM	S your prir	mary caree	r?					
◯ Yes ◯ No	◯ Yes ◯ No								
6. How many years have you been an EMT?	7. Which	n best desc	cribes your	primary ro	le at your	main EM <sup>-</sup>	Γjob?		
6. How many years have you been an EMT?  I am not an EMT  See 11 - 15 years  Less than one year  1 - 2 years  8. What is the highest level of education that you have completed?		Clinician (EMT or Paramedic) Educator Manager Supervisor Administrator Fire Suppression Sales Representative Other							
8. What is the highest level of education that you have completed?	9. At wh	at level are	e you curre	ntly practio	cing?				
<ul> <li>□ Didn't complete high school</li> <li>□ High school graduate/ GED</li> <li>□ Some college</li> <li>□ Associate's Degree (A.A., A.S.)</li> <li>□ Bachelor's Degree (B.A., B.S.)</li> <li>□ Graduate Degree (M.A., M.S., Ph.D.)</li> </ul>	C EMT-	Responde Basic Intermedia				anently no	c ot practicing practicing		
10. Please share your ideas about medical research in t	he followi	ing que	stions:						
		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree		
Research in EMS care is important.					0	0			
Investigators involved in medical research will act in the patient's best interest.									
The right of research subjects to make their own choices is more important than the interests of the general community.		0		0	0	0	0		
There are times when it is so important to learn about a potential new treat that it would be okay to enroll patients in a study before they are able to c		0	0	0	0	0	0		
There are enough safeguards in place to assure that research is done in a ethical manner.	an	0	0	0	0	0			
EMTs/paramedics should have the individual right to refuse to enroll patien in EMS research.	nts								

## NREMT RECERTIFICATION SURVEY USE NO. 2 PENCIL - BUBBLE IN THE SELECTED RESPONSE

10 Continued. Please share your ideas about medical research in the following questions:									
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree			
The EMS medical director should be able to decide if his agency will participate in protocols that direct EMTs/paramedics to enroll patients in research trials.	0	0	0	0	0	0			
The EMS company/agency should be able to decide if its EMTs/paramedics will participate in protocols that direct EMTs to enroll patients in research trials.	0	0	0		0	0			
I personally would be willing to be enrolled in a research project/clinical trial before I was able to consent if I was seriously injured.		0							
If you have not had a job in the last 12 months in which you performed in you performed EMS works, please continue.  Definitions: ED crowding refers to high census in ED, limited bed availability or otherwise limited potentially be related to boarding, high patient volume, high patient acuity, or other fact Ambulance diversion refers to hospitals requesting that EMS not bring emergency performed a central authority or on an individual hospital basis.	ve had a	a job in t	t <b>he last</b>	12 mon	ths in w	<b>rhich</b>			
11. In the past 12 months, was ambulance diversion allowed in your area?  Yes  No									
12. Please indicate how often you have personally observed or experienced each of the following:									
	Never	Rarely (1-5 times/year)	Occasionally (up to once/mo)	Frequently (1-3 times/mo)	Often (>3 times/mo)	N/A			
I was delayed by ambulance diversion and my patient's vital signs deteriorated.					0				
I was delayed by ambulance diversion and it had no impact on my patient's vital				0					
I was delayed by ambulance diversion and my patient experienced prolonged or increased pain.									
Patient transport time was prolonged as a result of ambulance diversion.									
I have had to take a patient to a different hospital than they requested because of ambulance diversion.		0	0	0		0			
My EMS system's hospital bed availability system helped in finding a bed for my patient.	0	0	0	0	0	0			
EDs and hospitals in my area communicate their diversion status to EMS in advance.									
13. During the past 12 months, how many times has ED crowding experience each of the following:		Rarely (1-5 times/year)	Occasionally (up to once/mo)	Erequently (1.3 times/mo)	Offen (>3 times/mo)				
	) Never					N/A			
Delay in patient turnover to receiving hospital staff			0	0	0	0			
Negative impact on disaster or mass casualty incident readiness									
14. Does your EMS system use a real-time (updated at least daily) mechanism that monitors ED and/or hospital bed availability on a daily basis?  Yes  No  I don't know	ed availabi	system us lity in disas	ster situation	ons?	monitors				